24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)					PAGE 1 OF 4 FOR SE OF FORM 24/48	
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼	
THE ZUID C	ommuee				C C00569905	
Check if 24-	hour report X 48-hour	report New rep	ort X Amends repo	ort filed on	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name of SAVANN	Payee NA COMMUNICATI	Date	Date of Public Distribution/Dissemination			
Mailing Addre	755 SONNE DRIVE			Amo	ount	
City		State	Zip Code	$\dashv \sqcap$	36000.00	
ANNAPOLIS	ANNAPOLIS MD 210			Transaction ID : SE24.1053 Date of Disbursement or Obligation		
Purpose of E DIGITAL AD			Category/ Type 004		11 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	eral Candidate		X Support	Office Soug	ght: House District:	
DR. BEN CA	RSON		Oppose	X Presi	dent Senate State: IA	
	r Year-To-Date tion for Office Sought	2	298236.40	Disburseme 2016	ent For:	
Full Name of SAVANN	Payee A COMMUNICATIO	NS, LLC		Date	e of Public Distribution/Dissemination	
Mailing Addre	755 SONNE DRIVE			Amo	punt	
City		State	Zip Code		7466.66	
ANNAPOLIS		MD	21041		saction ID : SE24.1054 e of Disbursement or Obligation	
Purpose of E SOCIAL ME	xpenditure DIA ADVERTISING		Category/ Type 004] I	11 16 2015	
1	leral Candidate		Support	Office Soug	ght: House District:	
DR. BEN CA	RSON		Oppose	X Presi	ident Senate State: IA	
	r Year-To-Date ction for Office Sought		305703.06	Disburseme 2016	ent For:	
(a) SUBTOTA	L of Itemized Independent	Expenditures		· [43466.66	
(b) SUBTOTAL of Unitemized Independent Expenditures					7 7 7	
(c) TOTAL Independent Expenditures						
with, or at the		any candidate or authorized	•		cooperation, consultation, or concert if the reporting entity is not a political	
Signature	obert Frank	[Electron	ically Filed] Date	M M M	19 / 2015	
- 9						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DEINI EXI END	TIONES		PAGE 2 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼			
The 2016 Committee		C00569905					
Check if 24-hour report X 48-hour report	New rep	port X Amends repo	ort filed on 11	18 / 2015			
Full Name of Payee SAVANNA COMMUNICATION	Date of Public	Distribution/Dissemination					
Mailing Address 755 SONNE DRIVE	Amount						
City ANNAPOLIS	State MD	Zip Code 21041	Transaction I	7466.67 D : SE24.1055			
Purpose of Expenditure	WID	Category/	Date of Disbu	rsement or Obligation			
SOCIAL MEDIA ADVERTISEMENTS Name of Federal Candidate		Type 004	Office Sought	16 2015			
DR. BEN CARSON		Support Oppose	Office Sought: President	House District: Senate State: NH			
Calendar Year-To-Date Per Election for Office Sought	7	313169.73	Disbursement For: 2016 Other (sp	Primary General ecify) ▶			
Full Name of Payee SAVANNA COMMUNICATIONS,	Date of Public	C Distribution/Dissemination					
Mailing Address 755 SONNE DRIVE			Amount				
City	State MD	Zip Code 21041	Transaction ID	7466.67 D : SE24.1056			
Purpose of Expenditure SOCIAL MEDIA ADVERTISEMENTS		Category/ Type 004	Date of Disbu	ursement or Obligation 16 2015			
Name of Federal Candidate DR. BEN CARSON		Support	Office Sought:	House District:			
Calendar Year-To-Date		Oppose 220626 40	Disbursement For: 2016	Senate State: NC General			
Per Election for Office Sought	7 7	320636.40	Other (sp	pecify) ►			
(a) SUBTOTAL of Itemized Independent Exper	nditures		>	14933.34			
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Robert Frank Signature	[Electron	nically Filed] Date	11 / 19	2015			
•							

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 4 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼						
The 2016 Committee	C00569905						
Check if 24-hour report X 48-hour report New report X Amends report filed on 11	18 2015						
Full Name of Payee SAVANNA COMMUNICATIONS, LLC	Public Distribution/Dissemination						
Mailing Address 755 SONNE DRIVE Amount							
City State Zip Code	50000.00						
ANNAPOLIS MD 21041 Transacti	Transaction ID : SE24.1057 Date of Disbursement or Obligation						
Purpose of Expenditure TELEVISION ADVERTISING Category/ Type 004 11							
Name of Federal Candidate Support Office Sought:	House District:						
DR. BEN CARSON Oppose President	Senate State:						
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016 Other	or:						
Full Name of Payee Date of P	Public Distribution/Dissemination						
Mailing Address Amount							
City State Zip Code	7						
Purpose of Expenditure Category/ Type Date of D	Disbursement or Obligation						
Name of Federal Candidate Support Office Sought: Oppose President	House District:						
Calendar Year-To-Date Per Election for Office Sought Disbursement Fo	or: Primary General r (specify) ▶						
(a) SUBTOTAL of Itemized Independent Expenditures	50000.00						
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures	7 1 7 1 7 1						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ H98 HC 5 F 9 D C F H Z G7 < 98 I @ C F + H9 A = N 5 H = C B

Form/Schedule: SE

Transaction ID : SE24.1057

This report has been amended to correct the state field of the form. The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states therefore there is no state included.

Form/Schedule: Transaction ID: